Patterns of treatment and survival in oesophago-gastric cancer patients: an analysis using routine data

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Collaborators

National O-G Cancer Audit team

- RCS England: Tom Palser, David Cromwell, Jan van der Meulen
- AUGIS: Richard Hardwick
- BSG: Stuart Riley
- NCASP: Kimberley Greenaway, Steve Dean
- Thames Cancer Registry
 - Henrik Moller, Karen Linklater

Background

Improved care of O-G cancer patients:

- Care should be managed by MDTs
- Curative surgery centralised into specialist centres
- More interventional palliative therapies
- Picture given by routine data sources
 - Cancer Registries
 - Excellent coverage, good tumour data, limited care history
 - Hospital Episode Statistics (HES)
 - Incomplete coverage, detailed history of inpatient care

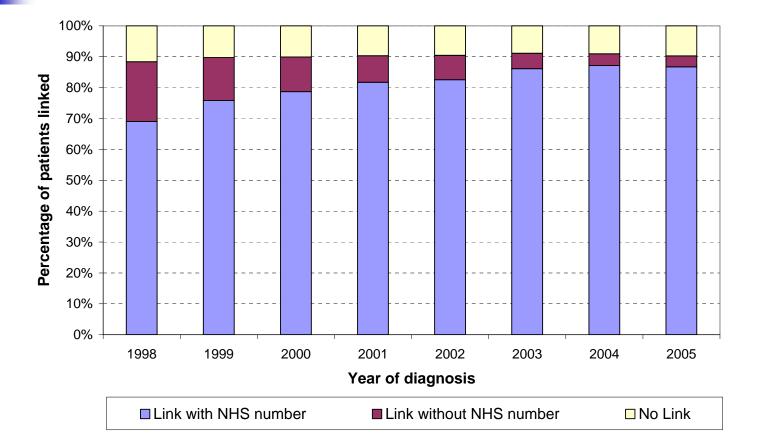
In first year of Audit

- Aim:
 - Combine Cancer Registry data with HES and
 - Describe the patterns of care and survival of O-G cancer patients in England

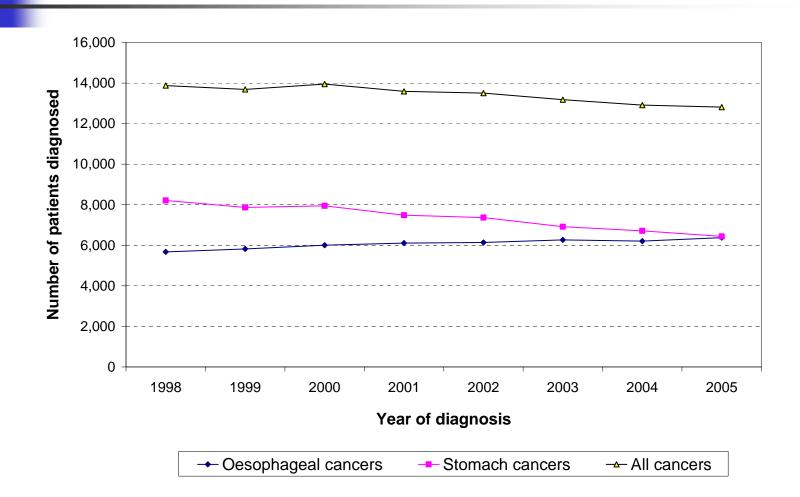
Method

- Data collated from all English Cancer Registries
- Patient records in Registry data matched with records extracted from HES
 - Matched on NHS number, sex, date of birth, date of death and/or postcode.
 - Covered diagnoses between 1998 and 2005

Registry cases mapped to HES

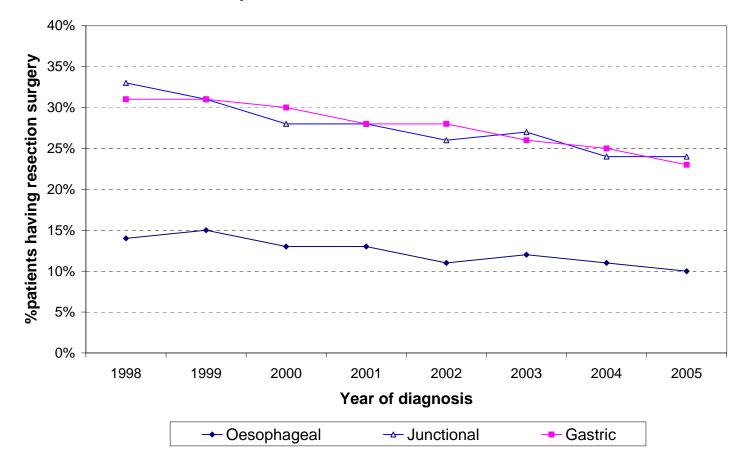


Patient characteristics

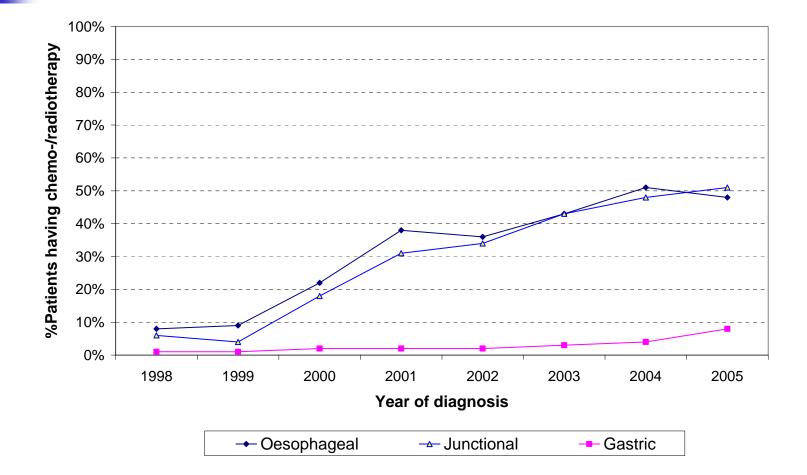


%Patients having curative surgery

Overall, drops from 28% to 20%

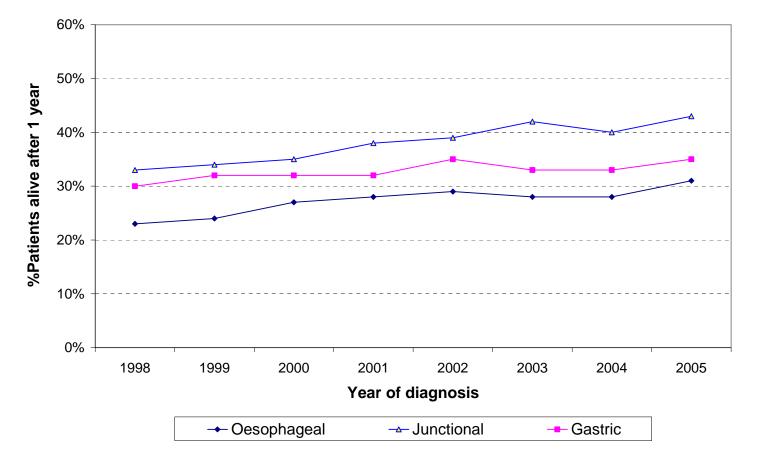


Resection surgery + Chemo/Radio



%Patients alive after 1 year

Overall, rose from 30% to 37% (crude)



Comments

- For O-G cancer patients
 - Considerable change in patterns of care
 - Consistent with policies and guidelines
 - Coincides with an increase in survival
- Combining routine datasets can provide a more complete picture of patterns of care
 - But some improvement still required